

LOUISIANA DEPARTMENT OF HEALTH - DISASTER OPERATION INDIVIDUAL TIME SHEET (LDH HR48 - Rev. 02/2017)												
Employee Name Title Contact Domicile Parish Phone Number: Employee Name: Civil Service Title: Work Parish: Home Parish: Office Phone: Personnel Number: Office/Section Name: Supervisor Name: Work Schedule:							Event:					
							Site Parish:					
							Site Name & Address:					
<input type="checkbox"/> CHECK IF CONTINUATION LIST EXIST <small>(USE CONTINUATION SHEET ONLY IF THIS IS CHECKED FOR ADDITIONAL ENTRIES)</small>	Assignment Team	Assignment Region	Assignment Location	NIMS			Assignment Title	Other Titles	Briefly Explain Duties(Specify):			
NOTE: DAYS BEGIN AND END AT MIDNIGHT							OFFICAL TIME ADMINISTRATION - OFFICIAL USE ONLY					
Arrival Day/Date	*Travel Time(Hr, Min) Must Be Outside Official Domicile Home to Site	Site Arrival Time	Time for Meals/Sleep/Off Duty Total for Each(Hr, Min)	Depart Day/Date	*Travel Time(Hr, Mln) Must Be Outside Official Domicile Site to Home	Site Depart Time	Total Hours	Meals Sleep Off Duty	Travel Hours	Regular Hours	Overtime Hours	Exempt Non-exempt
Mon./		am/pm				am/pm						
		am/pm				am/pm						
Tues./		am/pm				am/pm						
		am/pm				am/pm						
Wed./		am/pm				am/pm						
		am/pm				am/pm						
Thurs./		am/pm				am/pm						
		am/pm				am/pm						
Fri./		am/pm				am/pm						
		am/pm				am/pm						
Sat./		am/pm				am/pm						
		am/pm				am/pm						
Sun./		am/pm				am/pm						
		am/pm				am/pm						
						Total						
I certify that I have worked the hours and time as indicated above							Employee Signature Date					
Signature of EOC Shelter Other disaster oper. mgr or appt. authority Date Job Title												

